



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (j))	29	-20* =	9	x \$ 18 =	\$162.00
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	5	-3** =	2	x \$ 80 =	\$168.00
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ _____ =	-
				BASIC FEE (37 CFR 1.16)	\$750.00
				Total of above Calculations =	\$1,080.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					\$540.00
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				TOTAL =	\$540.00

6. ☒ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 08 - 3038:

a. ☒ Fees required under 37 CFR 1.16, and any additional fees.b. ☐ Fees required under 37 CFR 1.17.c. ☐ Fees required under 37 CFR 1.18.8. ☐ A check in the amount of \$ _____ is enclosed.9. ☐ Payment by credit card. Form PTO-2038 is attached.10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.11. ☐ New Attorney Docket Number, if desired _____

[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]

12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)13. ☐ Other: _____**NOTE:**

The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Labelor ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

City

State

Zip Code

Country

Telephone

Fax

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print IType)

MICHAEL K. LINDSEY

Signature

Mike Lindsey

Registration No. (Attorney/Agent)

39,278

Date

3-10-03